

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTHState File No. 387  
Registered No. 392

## 1. PLACE OF BIRTH

County GilaState Arizona

District or Township \_\_\_\_\_

or Village \_\_\_\_\_

City MiamiNo. 467Davis Canon

St. \_\_\_\_\_

Ward \_\_\_\_\_

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Rogelio Munez

If child is not yet named, make supplemental report, as directed.

## 3. Sex of Child

To be answered ONLY  
in event of plural  
births.

## 4. Twin, triplet or other.

## 6. Legitimate?

## 7. Date

Male

5. No., in order of birth.

yesof birth May 24-1930  
Month Day Year

## 3.

## FATHER

Full name Victor Gabriel Munez

## 9. Residence

(Usual place of abode)

MiamiIf non-resident, give place and state. Arizona.

## 10. Color or race

Mex11. Age at last birthday 32 (Years)

## 12. Birthplace (city or place)

(State or country)

Chihuahua  
Mex.

## 13. Occupation

Nature of Industry Tailor

## 14.

## MOTHER

Full maiden name Elena Mercedes

## 15. Residence

(Usual place of abode)

MiamiIf non-resident, give place and state. Arizona.

## 16. Color or race

Mex.17. Age at last birthday 26 (Years)

## 18. Birthplace (city or place)

(State or country)

Chihuahua  
Mex.

## 19. Occupation

Nature of Industry Housewife

## 20. Number of children of this mother.

(Taken as of time of birth of child herein  
certified and including this child.) 1(a) Born alive and now living. 1(b) Born alive but now dead. 0(c) Stillborn 021. Were precautions taken against ophthalmia neonatorum? yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 10:30 p.m. on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Byron M. Brown

(Physician or midwife)

Given name added from \_\_\_\_\_

a supplemental report.

Month, day, year

Address Miami, ArizonaFiled June 17, 1930

Registrar.

Registrar.